



Section A: National Data System Coding (i.e., PCS)

Section B: Facility Data		
Name and Location of Facility Inspected <i>(For industrial users discharging to POTW, also include POTW name and NPDES permit number)</i> ARMSTRONG EGG FARMS	Entry Time/Date 1:25 PM-3/26/14	Permit Effective Date N/A
	Exit Time/Date 3:30 PM-3/26/14	Permit Expiration Date N/A
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) RYAN ARMSTRONG, VP OPERATIONS, (OFC)	Other Facility Data <i>(e.g., SIC NAICS, and other descriptive information)</i> SIC CODE:	
Name, Address of Responsible Official/Title/Phone and Fax Number SAME AS ABOVE		
<div style="text-align: right;"> Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No </div>		

<input type="checkbox"/>	Permit	<input type="checkbox"/>	Self-Monitoring Program	<input type="checkbox"/>	Pretreatment	<input type="checkbox"/>	MS4
<input type="checkbox"/>	Records/Reports	<input type="checkbox"/>	Compliance Schedules	<input type="checkbox"/>	Pollution Prevention		
<input type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Storm Water		
<input type="checkbox"/>	Effluent/Receiving Waters	<input type="checkbox"/>	Operations & Maintenance	<input type="checkbox"/>	Combined Sewer Overflow		
<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Sludge Handling/Disposal	<input type="checkbox"/>	Sanitary Sewer Overflow		

(Attach additional sheets of narrative and checklists, including Single Event Violation codes, as necessary)

Name(s) and Signature(s) of Inspector(s)	Agency/Office/Phone and Fax Numbers	Date
KRISTINE KARLSON <i>Kristine Karlson</i>	EPA R9/ENF 3-1/415-947-4297	6/20/14
MICHELLE MATA AND DAT QUACH		
Signature of Management Q A Reviewer	Agency/Office/Phone and Fax Numbers	Date

INSTRUCTIONS
Section A: National Data System Coding (*i.e.*, PCS)

Column 1: Transaction Code: Use N, C, or D for New, Change, or Delete. All inspections will be *new* unless there is an error in the data entered.

Columns 3-11: NPDES Permit No. Enter the facility's NPDES permit number - third character in permit number indicates permit type for U=unpermitted, G=general permit, etc.. (*Use the Remarks columns to record the State permit number, if necessary.*)

Columns 12-17: Inspection Date. Insert the date entry was made into the facility. Use the year/month/day format (e.g., 04/10/01 = October 01, 2004).

Column 18: Inspection Type*. Use one of the codes listed below to describe the type of inspection:

A	Performance Audit	U	IU Inspection with Pretreatment Audit	!	Pretreatment Compliance (Oversight)
B	Compliance Biomonitoring	X	Toxics Inspection		
C	Compliance Evaluation (non-sampling)	Z	Sludge - Biosolids	@	Follow-up (enforcement)
D	Diagnostic	#	Combined Sewer Overflow-Sampling		
F	Pretreatment (Follow-up)	\$	Combined Sewer Overflow-Non-Sampling	{	Storm Water-Construction-Sampling
G	Pretreatment (Audit)	+	Sanitary Sewer Overflow-Sampling		
I	Industrial User (IU) Inspection	&	Sanitary Sewer Overflow-Non-Sampling	}	Storm Water-Construction-Non-Sampling
J	Complaints	\	CAFO-Sampling		
M	Multimedia	=	CAFO-Non-Sampling	:	Storm Water-Non-Construction-Sampling
N	Spill	2	IU Sampling Inspection		
O	Compliance Evaluation (Oversight)	3	IU Non-Sampling Inspection	~	Storm Water-Non-Construction-Non-Sampling
P	Pretreatment Compliance Inspection	4	IU Toxics Inspection	<	Storm Water-MS4-Sampling
R	Reconnaissance	5	IU Sampling Inspection with Pretreatment	-	Storm Water-MS4-Non-Sampling
S	Compliance Sampling	6	IU Non-Sampling Inspection with Pretreatment	>	Storm Water-MS4-Audit
		7	IU Toxics with Pretreatment		

Column 19: Inspector Code. Use one of the codes listed below to describe the *lead agency* in the inspection.

A ---	State (Contractor)	O ---	Other Inspectors, Federal/EPA (Specify in Remarks columns)
B ----	EPA (Contractor)	P ---	Other Inspectors, State (Specify in Remarks columns)
E ---	Corps of Engineers	R ---	EPA Regional Inspector
J ---	Joint EPA/State Inspectors—EPA Lead	S ---	State Inspector
L ----	Local Health Department (State)	T ---	Joint State/EPA Inspectors—State lead
N ---	NEIC Inspectors		

Column 20: Facility Type. Use one of the codes below to describe the facility.

- 1 --- Municipal. Publicly Owned Treatment Works (POTWs) with 1987 Standard Industrial Code (SIC) 4952.
- 2 --- Industrial. Other than municipal, agricultural, and Federal facilities.
- 3 --- Agricultural. Facilities classified with 1987 SIC 0111 to 0971.
- 4 --- Federal. Facilities identified as Federal by the EPA Regional Office.
- 5 --- Oil & Gas. Facilities classified with 1987 SIC 1311 to 1389.

Columns 21-66: Remarks. These columns are reserved for remarks at the discretion of the Region.

Columns 67-69: Inspection Work Days. Estimate the total work effort (to the nearest 0.1 work day), up to 99.9 days, that were used to complete the inspection and submit a QA reviewed report of findings. This estimate includes the accumulative effort of all participating inspectors; any effort for laboratory analyses, testing, and remote sensing; and the billed payroll time for travel and pre and post inspection preparation. This estimate does not require detailed documentation.

Column 70: Facility Evaluation Rating. Use information gathered during the inspection (regardless of inspection type) to evaluate the quality of the facility self-monitoring program. Grade the program using a scale of 1 to 5 with a score of 5 being used for very reliable self-monitoring programs, 3 being satisfactory, and 1 being used for very unreliable programs.

Column 71: Biomonitoring Information. Enter D for static testing. Enter F for flow through testing. Enter N for no biomonitoring.

Column 72: Quality Assurance Data Inspection. Enter Q if the inspection was conducted as followup on quality assurance sample results. Enter N otherwise.

Columns 73-80: These columns are reserved for regionally defined information.

Section B: Facility Data

This section is self-explanatory except for "Other Facility Data," which may include new information not in the permit or PCS (e.g., new outfalls, names of receiving waters, new ownership, other updates to the record, SIC/NAICS Codes, Latitude/Longitude).

Section C: Areas Evaluated During Inspection

Check only those areas evaluated by marking the appropriate box. Use Section D and additional sheets as necessary. Support the findings, as necessary, in a brief narrative report. Use the headings given on the report form (e.g., Permit, Records/Reports) when discussing the areas evaluated during the inspection.

Section D: Summary of Findings/Comments

Briefly summarize the inspection findings. This summary should abstract the pertinent inspection findings, not replace the narrative report. Reference a list of attachments, such as completed checklists taken from the NPDES Compliance Inspection Manuals and pretreatment guidance documents, including effluent data when sampling has been done. Use extra sheets as necessary.

*Footnote: In addition to the inspection types listed above under column 18, a state may continue to use the following wet weather and CAFO inspection types until the state is brought into ICIS-NPDES: K: CAFO, V: SSO, Y: CSO, W: Storm Water 9: MS4. States may also use the new wet weather, CAFO and MS4 inspections types shown in column 18 of this form. The EPA regions are required to use the new wet weather, CAFO, and MS4 inspection types for inspections with an inspection date (DTIN) on or after July 1, 2005.